

"To Enrich Lives Through Effective and Caring Service"

Medi-Cal Health Care Program Update

IN THIS ISSUE:



MEDS ALERTS CORNER



DRA



TO RUN OR NOT TO RUN.....SFU/EDBC



INCOME/PROPERTY AT REDETERMINATION



SHARING INFORMATION



DISABILITY EVALUATIONS UNDER SB 87

MEDS ALERTS CORNER Prevention Practices

Steps for Correcting a Social Security Number on LEADER

- Confirm the accuracy of the social security number with case documentation.
- Clear the SSN on MEDS using the following procedures:
 1. Select PF12 function key on MEDS.
 2. Input correct SSN on this screen and hit enter.
 3. If "No record found" is on the bottom of the screen, then continue processing.
 4. If MEDS displays another record, contact MEDS liaison immediately.
- Go to the Individual Summary details screen on LEADER.
- Correct the social security number on LEADER in both the current and history information of the Individual Demographics screen.
- Select the SAVE tab at the bottom of the screen. This action will update the information on the Statewide Clearance Index (SCI) and send a transaction to MEDS.
- **Do Not Run SFU, EDBC** when correcting a social security number to prevent the creation of MEDS alerts.
- Document all actions in case comments.
- Check MEDS in three workdays to confirm that transaction functioned.



Note: Refer to MEDS liaison if the Social Security Number has a **W** verifier on MEDS.

Steps for Correcting a Social Security Number on MEDS

- Confirm the accuracy of the social security number with case documentation.
- Clear the SSN on MEDS using the following procedures:
 1. Select PF12 function key on MEDS.
 2. Input correct SSN on this screen and hit enter.
 3. If "No record found" is on the bottom of the screen, then continue processing.
 4. If MEDS displays another record, contact MEDS liaison immediately.
- Complete a PA 5307 if social security number is correct on LEADER.
- SSN verifier and Birth Date are mandatory fields for completion.
- Enter incorrect social security number or pseudo number in the first field and the correct social security number in the



PA 5307

MEDS – ID (SSN)

Incorrect SSN or Pseudo

Correct SSN

Current

--	--	--	--	--	--	--	--	--	--

New

--	--	--	--	--	--	--	--	--	--

second field of this form. See illustration below.

- Document all actions in case comments.
- Check MEDS in one workday to confirm that transaction functioned. Do not count State **Furlough Fridays** as workdays for MEDS transactions.

Note: Refer to MEDS liaison if the Social Security Number has a **W** verifier on MEDS.

L.M.

TO RUN OR NOT TO RUN . . . SFU/EDBC THAT IS THE QUESTION!!!



During a recent audit, the State Auditor encountered several cases where SFU/EDBC was not run after changes affecting eligibility were made.

When SFU/EDBC is not run or when the case is not authorized after changes are made, the changes will not take effect, even when the beneficiary complies with the requirements by reporting changes timely.

This is to remind eligibility staff that when changes that affect case eligibility (Scope of aid, Aid Code, SOC amount, etc.) are entered in LEADER, make sure to run SFU/EDBC and update case comments.

When in doubt if changes will impact eligibility, run SFU/EDBC and authorize the case. It's better to be safe and run it, than not run it and provide incorrect benefits.

Reference: LEADER Training Manual, Version 1.3, dated 01/03/00



PUBLISHED BY:
Department of Public
Social Services
Bureau of
Program and Policy
Medi-Cal Program
Section

D.T.

ARE ADVOCATES ENTITLED TO CASE INFORMATION?

When receiving an inquiry from an advocate attempting to gather information on an applicant/recipient case, it is important for staff to understand that advocates are also subject to confidentiality rules. Staff is not obligated to disclose case information upon an advocate's request, unless written authorization from the beneficiary is on file.

When contacted by an advocate with such a request, staff must document the request, the advocate's name, phone number and their affiliated organization.

- Staff should inform the advocate that due to confidentiality rules it is prohibited by law to release any information without first obtaining authorization from the beneficiary.
- Suggest that the advocate call you back with the beneficiary via their conference line and once connected,
- Confirm the beneficiary has knowledge of the advocate's request and inform them of your obligation to receive their authorization prior to releasing any information.

When either initiating contact or receiving contact from the beneficiary, make sure to verify that you are indeed speaking with the intended party and ensure all details of the conversation are well documented with dates, times, persons involved, etc. for future reference.

It is imperative that staff keep in mind that confidentiality is mandatory and it is our responsibility to ensure that an applicant's/beneficiary's information is kept confidential at all times.

(Ref. MEPM Section 50111, 2H)

L.S.



DRA

Documenting Good Faith Effort for DRA Beneficiaries at Redetermination

This is a reminder to staff that DRA citizenship and identity verification must be reviewed at the annual redetermination for nonexempt U.S. citizens receiving Medi-Cal only. For a nonexempt citizen who returns a complete MC 210 LA but has not provided DRA documents, LEADER will send the DRA Reminder 3B and display the following message in the Individual Eligibility screen in Eligibility Summary:

"RD Complete, DRA Noncompliant"

The redetermination of eligibility is completed and full scope benefits continue, even if the DRA citizenship and/or identity documents have not been provided. However, staff must contact beneficiaries who have **not** met both citizenship and identity requirements to determine whether the individual is making a good faith effort to obtain documents. The following actions must be taken and documented in Case Comments for the beneficiary who has returned a completed redetermination but has not provided documents necessary to meet the DRA requirements:

1. Review case folders to determine if acceptable documents are on file.
2. Check MEDS to determine if documents were previously reported.
3. Complete the DRA Details screen to request a birth match for California born beneficiary.
4. Attempt phone call to determine if beneficiary is making a good faith effort to get documents.
5. Send the "DHCS 0006 Proof of Citizenship or Identity Needed For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals" and the "DHCS 0003 Affidavit of Reasonable Effort to Get Proof of Citizenship" to the beneficiary to determine if good faith effort continues. Include the response due date on the DHCS 0006.

These steps should be followed in the order listed above up to the point that citizenship/identity is verified or the beneficiary's good faith effort has been established. Example: If Steps 1 and 2 do not provide verification, but Step 3 results in a birth match and identity has been verified, Steps 4 and 5 do not need to be completed. **Note: These rules also apply to beneficiaries on a CalWORKs case who are receiving MAO because they are ineligible for CW but are completing the redetermination as a member of a CW household.**

Once the beneficiary has been contacted, the good faith effort must be documented in Case Comments. For beneficiaries born in California, the good faith effort may consist of the beneficiary providing information to request a MEDS birth match. **As a reminder, the statement of good faith effort may be written or verbal.** All efforts to assist the beneficiary in obtaining the required documents must also be documented in Case Comments.

Ref. AD 4721, dated 04-03-08

S.G.

Verification of Income/Property at Redetermination

We want to clarify the requirements for verifying “No Change” responses in income or property reported at redetermination. This applies to undocumented persons or any person for whom the verification of income/property is not available through the ex-parte process. Currently, staff accepts the beneficiary’s statement when “No Change” in income/property is reported during the annual redetermination process. However, the State has clarified that the beneficiary’s statement must be verified since income/property **is subject to change**. Staff must follow SB 87 requirements as instructed in AD 4160, dated 4/12/02 to obtain the verification of income/property required to determine the beneficiary’s continued eligibility or ineligibility. Additional information will be provided via a future administrative release.

Reference: ACWDL 01-39, dated 07/13/01, Administrative Directive 4160, dated 3/12/02.

A.P.G.

Disability Evaluations Under SB 87

Staff is reminded that the SB 87 guidelines consist of three steps and that each step must be followed until the beneficiary’s eligibility or ineligibility is correctly determined. In particular, this is to bring attention to the process required in the second step.

The three SB 87 steps are as follow:

- Step 1.** Ex-parte- review of appropriate systems and case files without the beneficiary’s involvement
- Step 2.** Direct Contact/Phone Call
- Step 3.** Request Information via MC 355

Clarification of Step 2 requirements:

When the EW initiates phone contact to request information that is not available through the ex-parte process, the EW should inform the beneficiary that their eligibility is being redetermined and more information is needed to establish their continued eligibility.

The EW should inform the beneficiary that their continued eligibility **may be** established under various Medi-Cal programs including those based on an allegation of disability. Furthermore, whenever a beneficiary, declares he/she is disabled, a disability packet must be provided to the beneficiary even though he/she may be eligible under another Medi-Cal program or already receiving Medi-Cal benefits. This is required regardless of whether the beneficiary claiming disability is an adult or a child.

Note: The MC 355 Medi-Cal Request for Information also informs beneficiaries of the many potential programs for which a person may qualify.

Staff is also reminded that when a beneficiary alleges a disability and no other basis of eligibility exists, a disability packet must be provided and benefits continued under one of the pending disability aid codes. Refer to Administrative Directive 4197, dated 11-05-02 for complete details.

Reference: ACWDL 02-59 and 02-40 and Administrative Directive 4437, dated 5/22/03

A.P.G.

